Lesson 70 - Colds, Flus, Upper Respiratory Ailments

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1. The Common Cold

Almost as common as the "common cold" is the virtually universal misunderstanding as to what a cold really is.

The condition known as a "cold" is characterized by inflammation of the mucous membrane of the nose and throat; there also may be inflammation of the membrane lining the nasal sinuses, the larynx, the pharynx, or the bronchial tubes.

There is a profuse flow of mucus, initially thin and watery, gradually becoming thicker and whitish or greenish. The nasal lining thickens and interferes with breathing. Sneezing sometimes brings some temporary relief to the stopped-up nasal passages, but it is the inflammation that narrows the openings and makes breathing difficult.

There may be a temporary loss of smell and taste. Often there is a raw, sore throat with a flow of mucus from this membrane, a husky voice, and a cough. The eyes and ears may become involved. The person feels miserable, and may have a fever, often a headache. He may progress from "thinking he is going to die" to "being afraid he won't."

Charles Dickens once described his cold thus: "I am at this moment deaf in the ears, hoarse in the throat, red in the nose, green in the gills, damp in the eyes, twitching in the joints, and fractious in temper, from a most intolerant and oppressive cold."

The most common "common cold" is an acute rhinitis—inflammation of the nasal cavity—with rhinorrhea (nasal discharge), nasal obstruction (due to swelling or edema of the mucous membrane of the nasal passage) and sneezing. A disease that can be aborted to 24 to 48 hours lasts for weeks in many cases.

1.1 Symptomatic Treatment of Colds

Everyone who has had a "cold" (and who hasn't?) will agree as to the nature of the symptoms, and the misery they cause. But it is almost incredible to realize that the misunderstanding of colds, and the type of treatment commonly employed today, have changed very little in the last few hundred years.

In the 1500s, British doctors often prescribed tobacco juice, lime juice and emetics (to cause vomiting) for colds. If that didn't work, the patients were bled. Ronald Kotulak, a *Chicago Tribune* columnist, said, "Those who could not afford these ministrations naturally had a higher rate of recovery."

In the 18th century, another Englishman came up with this remedy, "Hang your hat on the bedpost, drink from a bottle of good whiskey until two hats appear, then get into bed and stay there."

The use of "booze" to ease the symptoms is still widespread, and many drug companies include high levels of alcohol in their cold and cough remedies. Nyquil, for instance, contains 25% alcohol by volume, which makes it equivalent to a 50-proof liquor.

1.2 Failure of the Medical Community

The current medical community admits, that it hasn't made much progress in its efforts against the common cold. The American Medical Association and doctors at Harvard Medical School say that colds still resist the best efforts of the world's combined medical research talent.

German scientist Dr. W. Kruse announced in 1914 his discovery that colds were caused by viruses and this was hailed as the first big discovery on colds. After that, research sputtered along, seeking the elusive "cure" that was always just around the corner.

In the 1950s, scientists were hopeful they could develop a vaccine against the "cold virus." But these hopes soon were dashed when more and more cold viruses were discovered. Now there are more than 150 known viruses which are thought (by medical people) to cause the common cold, and a vaccine is admittedly impractical. As Hygienists, we can at least breathe a sign of relief that a "cold vaccine" has not been added to the arsenal of poisonous vaccines being recommended to the gullible public.

Dr. Robert Muldoon, specialist in virology, and professor of medicine at the University of Illinois, said in 1978, "Disgustingly enough, there is not much new about the, common cold. There really isn't much you can do to protect yourself from a cold, and there still isn't anything you can do for it once you get it except to treat the symptoms." (We beg to contradict him!)

Dr. Muldoon took part in a classic experiment at the university with Dr. George Jackson, showing that exposure to cold temperatures or wet feet do *not* increase a person's risk of catching a cold. He said that when a person with a cold sneezes on you, you can expect to receive a direct blast of germs, but your chances of catching his cold are only about one in ten. Dr. Muldoon does not give any explanation as to why he thinks nine out of ten people will not get the cold, even when directly exposed.

A cold research establishment in England has been working for twenty-five years to find a definite cause for the common cold. Everything they have tried has failed, though they have subjected volunteers to every conceivable circumstance in order to find some pattern or combination of factors which produce a cold.

1.3 Understanding Colds

Notwithstanding these conclusions (that no one knows the causes of colds)—I must insist that the causes of colds *are* known, and that the proper method of dealing with a cold has been known for many years. As long ago as 1873, Dr. Robert Walter said, "A cold is simply an effort of the system to relieve itself of its accumulated waste particles."

Failure of the medical community to find the *cause* of colds is due to the fact that researchers are looking for something that isn't there. No *cure* for the common cold has ever been found by the researchers for an excellent reason: the cold itself *is* the "cure."

When the state of nervous energy is lowered, excretion, elimination and digestion are impaired. The two great causes of colds are exhaustion and repletion (surfeit).

When the state of bodily clogging which precedes a cold reaches intolerable proportions, the body organizes for a radical eliminative crisis. The temperature rises, the head and nasal passages become congested, appetite may disappear. The cold may go through various stages of eliminative processes, usually regarded as disease symptoms, instead of being understood as *cleansing* efforts of the body to

unburden the vital organs.

If drugs are used to stop these processes, the body may face a more serious situation later on—perhaps influenza, or pneumonia, or possibly problems with other organs or functions.

We have been taught that colds lay the foundation for other more serious diseases. Rather, they are efforts to prevent the development of more serious conditions. The persistence of the causes, or the drug treatment common today, can lay the foundations for future degenerative pathologies. Chronic disease is due to chronic provocation.

Means of eliminating the accumulations must be employed by the troubled organism. Coughing, sneezing, discharge of mucus, all represent efforts on the part of the body to remove the accumulated unexcreted waste. The symptoms represent part of the remedial process, as the body is striving to maintain or restore the status quo—the homeostasis or physiological equilibrium.

When the body produces symptoms of a cold as vicarious elimination of toxic material which is threatening its survival, we should not even consider suppressing them. Why should we try to check a cough that is necessary to remove an obstruction? Why should we try to dam up in the body the noxious matter that the wisdom of the body has determined must be expelled?

1.4 Astronomical Cost of Colds

Americans suffer more than 600,000,000 colds a year. This is worth several billion dollars annually to the drug industry, physicians, pharmacists, and the huge support industries: packaging, advertising, etc.

The Harvard Medical School Health Letter warns that the once common practice of prescribing antibiotics for a cold is useless and potentially dangerous.

Despite the fact that there are no medications available to treat a cold effectively, Americans spend more than five hundred million dollars annually for over-the-counter cold remedies—and that doesn't include aspirin. In addition, coryza (rhinitis), commonly known as a cold, costs the American people untold millions of dollars in loss of time from work and physicians' bills, plus the cost of lowered efficiency and lessened productive power.

But these immediate costs in dollars and cents are dwarfed by the mischief done to the human organism, to some extent by the causes (which produce the necessity for the vicarious elimination), but, primarily, by the treatment.

1.5 Dangers of Cold "Remedies"

Aspirin is the most commonly used cold remedy. Among so-called "health-minded" people, aspirin is often supplanted by vitamin C. Some people take both aspirin and vitamin C. Antihistamines are commonly used.

Neither "booze," nor aspirin, nor antihistamines, nor vitamin C (nor anything else) can possibly "cure" a cold. Whatever temporary symptomatic relief they may afford is expiated later by accentuation and prolongation of the symptoms, and by insidious damage to the organism.

The most common "side effect" of aspirin is internal bleeding. Most people who experience slight gastric bleeding are unaware that it is occurring. Many people do experience overt, often serious, effects including burning mouth, throat and stomach; breathing difficulties and congestion; dizziness; lethargy; tinnitus (ringing of the ears); vomiting; a decrease in blood circulation; gastric bleeding, or hemorrhaging serious enough to cause ulceration or anemia, or to be life threatening.

Aspirin also interferes with the prostaglandin system, the body's key defense against disease-causing elements, and the key to detoxification.

A study by researchers at the Oregon Health Sciences University in Portland reported that five to ten

percent of permanent kidney failure is due to damage by aspirin, acetaminophen (e.g., Tylenol), and other analgesics (pain killers). I believe this to be a low estimate—Hygienists have been maintaining for years that drugs subject the kidneys (and the liver) to intolerable stress. The report says that taking three aspirin tablets a day for three years causes renal (kidney) disease, and many people are advised to use much more than that as blood thinners for chronic pain or to relieve arthritis and other inflammatory ailments. Dr. William M. Bennett told a National Kidney Foundation seminar that mixtures of drugs appear to cause more kidney damage than each drug alone. Dr. Bennett said it is not uncommon for people to take analgesics daily in the danger-level amounts, sometimes just to "feel good" or for the mild mood-altering qualities they have.

The mood-altering drugs in coffee and tea also have adverse effects on gastric, cardiac and renal function.

Alcohol, aspirin, antihistamines, and all drugs are designed to stop the body from doing what it is trying to do. The drugs form chemical unions with body tissues, fluids and processes, destroy the body's ability to purify itself, dam up the poisons, and multiply the problems. So-called "natural cures" (herbs, vitamin C, etc.) are also used in an effort to thwart the action of the body.

Some people are under the impression that colds can be prevented or "cured" by megadoses of vitamin C. The publicity generated by Linus Pauling's research and writings helped to perpetuate this belief. *It is particularly unwise to use vitamin C if one is also taking aspirin, because vitamin C tablets intensify the effects of aspirin in the body, such as hemorrhaging and anemia.*

It is true that a diet predominating in raw foods is high in vitamin C, and it is also true that such a diet is a good start in not developing disease. *But vitamin C supplements are not food* (contrary to what vitamin pill advocates are fond of proclaiming). The body's reaction to their use is indisputable proof that they are just another form of drug. They are recognized by the body as acids and irritants, to be expelled as quickly as possible. Large amounts of vitamin C supplements trigger an extraordinary detoxification effort of the body (just as do garlic, mustard, camomille, etc.), at great cost in vitality and energy. Some of the toxins which made the cold necessary will often be borne out of the body, riding out on the "fast train" the body is using as an emergency measure to rid itself of the even more intolerable vitamin C supplements. The cold symptoms may disappear, due to the concurrent elimination of some of the toxins, but primarily due to the diversion of the attention of the body from the toxins causing the cold, to the more urgent necessity for getting rid of the acids and irritants in the vitamin C pills.

Viktoras Kulvinskas says, "Fighting colds with vitamin C results in acidification of mucus, which prevents its elimination via the respiratory system. It must instead be expelled by the kidney. The overall effect is strain on the kidney."

The ultimate result of forcing the symptoms "underground" is insidious damage to the organism, and chronic degenerative disease.

1.6 Causes of Colds

There is nothing mysterious about a cold—it is the body's own cure for an intolerable condition brought about by the errors and omissions inherent in "civilized living." Overeating; overconsumption of refined carbohydrates; too few fresh, uncooked fruits and vegetables; coffee, tea, chocolate; soft drinks, hard drinks (even copious water drinking); insufficient muscular activity; not enough clean, fresh air; too little rest; excessive stress—the more of these mistakes we commit, the more often our bodies require "colds" or other eliminating crises.

Air-tight homes add to the problem. Modern homes outfitted with double- or triple-glazed windows; air-lock vestibules; weather stripping; insulation and plastic vapor barriers in walls, floors and ceilings make a "residential thermos bottle" which traps dangerous pollutants inside. In older, draftier homes, air is replaced by fresh air about once an hour. In today's tightly-sealed homes, inside air is replaced only about once every ten hours."

The net result of "civilized living" is that every cell in the body is filled with and surrounded by waste material, the blood vessels are lined with excesses of food, and the blood itself is overloaded with waste materials and excesses of food. Hygienists call this condition toxemia, and consider this to be the basic cause of disease.

When the cells, tissues and body fluids contain an abnormally high amount of metabolic waste, it is a threat to the organism. When the body reaches its toleration level, it must employ means of eliminating these accumulations.

1.7 A Cold Is Body Action

Since the cells will, at all times, act in their own best interests, individually and cooperatively, they initiate a process to eliminate the wastes and excess food residues. The body speeds up some activities and reduces the level of others. Elimination is accelerated. The increased burning activity of the body in disposing of the excess materials produces greater heat—the body temperature rises and a fever is experienced. Loss of appetite is a self-protective mechanism.

"A cold is an intense and acute activity designed to rapidly, efficiently, and effectively expel accumulated wastes. ... It is pure insanity to suppress the symptoms of a cold as is commonly done. ... A cold is no more nor less than a period of intense housecleaning." (Dr. Immerman) People speak of "catching a cold." People with colds have not "caught" anything—it is just the opposite—they are getting rid of something: they are getting rid of accumulated foul material. A cold is a cleansing, rejuvenating, renovating process.

1.8 Toleration

A cold, or any disease, usually takes a lot of causation. The bodies of most people have taken so much punishment during the time since infancy, their bloodstreams have become so contaminated, that their levels of toleration have gradually increased. A nontoxic, healthy baby (or a truly Hygienic adult) has a relatively uncontaminated bloodstream. Improper feeding of the infant, too little sleep and rest, too much clothing, not enough fresh air and sunshine, results in a retention of toxic material and the baby develops a cold to eliminate wastes in excess of the toleration level.

As the bad habits continue and the child is dosed and drugged and "immunized," the child's body gradually learns to tolerate more toxins and will develop fewer eliminative colds and fevers. When bad habits force the system to learn to live with poisons, the waste products remain to damage the body and pave the way for the development of degenerative disease.

When the body has established high toleration levels, a cold does not eliminate all the toxemia—it only brings it down to a level at which the body has become adapted to functioning.

This adaptation is accomplished by the body as a means of preservation of life, since it could not survive the tremendous and constant elimination required by the mode of eating and living or the frequent interference with its remedial processes by drugs and treatments. So it adapts, sacrificing its level of vitality to the necessity for survival. Most physiological adaptations are regressive, as explained in detail in Lesson No. 66. The adaptation is not toward health; it is away from health. But the body has no alternative.

The toleration point can be returned to its pristine low level by fasting and improving the way of life. The toleration level of the average Hygienist has been reduced. The vitality has been restored to a point where the body will no longer tolerate a large toxic load, and may conduct extraordinary elimination at a level that would allow others to continue insulting their bodies. But if a Hygienist perceives the beginnings of cold symptoms, he knows what to do.

1.9 How to Deal With Colds

It is not true that colds are caused by viruses; that there really isn't anything you can do to not cause a cold; or that there isn't anything you can do for a cold once you get it except treat the symptoms (admittedly with scant success).

My grandchildren have known what to do about colds since they were just a few years old. They know that the way to avoid colds is to avoid junk foods and overeating; and they know that a cold can be eliminated by withholding food completely when the first symptoms appear. They know that if one fasts for 36 or 48 hours (or, at the most, three days), the symptoms will usually disappear, and it will not be necessary to contend with a seven- to fourteen-day period of suffering nor the organic damage that can be caused to the respiratory organs or other parts of the body by a prolongation of the causes and the symptoms.

Such cooperation with the self-healing power of one's own body enables the necessary elimination of toxins to proceed with a minimum of discomfort, a procedure which is quickly consummated.

1.10 Food Must Be Withheld During Acute Stages

"Laboratory experiments have demonstrated that digestion is impaired during the acute stages of a cold, and indigestion and decomposition are inevitable ... Feeding in a cold, when indigestion is inevitable, insures that putrefactive poisons will be absorbed into the system where they will increase toxemia. Continued eating when there is no power of digestion necessitates a supplementary eliminating crisis to expel the noxious material before vital tissues are harmed. Hence, a common cold may develop into other more serious diseases if eating is not discontinued."

Lesson 22 explained the process of digestion, and what happens when food is consumed under conditions which make proper digestion impossible. Proper digestion reduces food to the diffusible state without depriving it of its organic qualities. During the acute stages of a cold (or fever, or emotional upset, or any condition during which digestion is impaired), putrefaction of proteins and fermentation of sugars and starches are known to occur. Food eaten under such conditions, though rendered diffusible, is reduced to an inorganic, useless and toxic state. Digestion results in solution of the food for utilization by the body. Putrefaction and fermentation result in disintegration into toxic substances.

It is not what we eat, but what we *digest* and *assimilate* that produces health and strength. Conditions which disturb or impair digestion produce decomposition, thus poisoning the body instead of supplying it with nutritional elements from the food eaten. Whether or not the individual is aware of overt symptoms of such decomposition, insidious damage occurs.

1.11 Health and Disease

Health and disease are interrelated. Hygienists think of health and disease as fluctuating qualities of the living organism, as a continuum with health at the top. As health becomes less, disease occurs, and, of course, at the bottom of the scale is death. Between health and death are all varieties and conditions.

In a modern environment, it is probably not possible to attain perfect health. The human body is exposed to many toxins daily. Under normal circumstances, it should be possible to eliminate them from the body rapidly. This is the function of the organs of elimination: the kidneys, the liver, the lungs, even the skin. But when the normal level of toxins rises above a certain point, the body is overloaded and the vital energy drops below normal. The organs of depuration, which are regulated by the nervous system, are then unable to maintain their functional efficiency, and the internal environment becomes less stable.

At this point, the condition may be considered a mild functional disturbance, but some remedial steps must be taken to reduce the toxemia. If the individual recognizes the condition and decides to fast and rest, the efficiency and integrity of the body is speedily restored; otherwise, the organism itself takes remedial steps.

1.12 Vicarious Elimination

First, the actions of the normal channels of elimination are intensified. Next, channels of vicarious elimination are employed—most commonly, the mucous membranes, with a deluge of mucus in the upper respiratory tract. When a full-blown remedial activity is in progress, fasting and resting are even more certainly indicated, but recuperation of the body's energies will now require more time.

1.13 Acute Diseases Are Self-Limiting

Acute diseases, such as colds, are debilitating, but they are self-limiting. Most people eventually recover without any treatment, or in spite of the treatment. For that reason, almost anything seems to be a "cure."

When it is fully understood that a cold, or any disease, is body action and not an attack by an external entity, attempts are not instituted to suppress the body's own defensive and remedial processes.

If the body is allowed to continue its cleansing actions, the person will feel much better afterwards. The only helpful means of aborting or shortening the duration of a cold is through fasting, keeping warm, getting plenty of fresh air and as much bed rest as possible.

This methodology will increase elimination of toxic materials through the regular channels of excretion, and will decrease the necessity for vicarious elimination through the nose, throat, eyes, etc. The headache and fever will subside and the other uncomfortable symptoms will be reduced and gradually disappear.

1.14 Too Many Housecleaning Episodes Are Exhausting

People who have frequent colds are conducting beneficial and necessary eliminative processes. Other people, equally toxic (or more toxic) may not have the energy to conduct such housecleaning and may, instead, undergo insidious degeneration.

The wise Hygienist will avoid toxemia, and avoid the necessity for so many housecleaning episodes. If such episodes are too frequent, damage to the channels of vicarious elimination will be inevitable.

Dr. Sidhwa says, "It must be pointed out that too frequent use of the same paths of vicarious elimination will lead to atrophy and degeneration of any path of elimination, as well as a gradual wearing down of the strength of the glands themselves. Although disease, especially acute disease, is a life-saving process, it is also a life-consuming process. Frequent stimulation leads to exhaustion, leading to further enervation of the whole system."

1.15 Rationale of Modern Medicine

The medical profession, for the most part, regards diseases as organized entities that attack the body from without and that must be destroyed. That is why medical students spend such a great percentage of their time studying the pharmacopoeia, the thousands of drugs which are the weapons of choice against the little beasties—the "disease germs" and the mysterious viruses (the drugs that destroy the kidneys, that threaten life itself).

Modern medicine employs the word "virus" to mean an ultra-minute form of life that infects cells and causes maladies. They know not exactly what the viruses are—plants, chemicals, animals or parasites?

Boyd's medical textbook states that "the virus seems to exist in the dim borderland between living things and chemical compounds. It is a submicroscopic unit containing nucleic acid and protein. Unlike bacteria, viruses are "not capable of supporting" life on their own, owing to a lack of enzymes. In order to exist and multiply, they must occupy living cells which provide them with necessary material and energy. It is evident that a virus is a perfect example of a parasite."

Boyd admits that most normal persons can harbor viruses without developing the disease the viruses are

supposed to cause, and that enervating influences overcome the body's protective functions and "permit the viruses to usurp the biological activities within the cell."

1.16 Interferon

Interferon, manufactured within the organism in response to colds and other so-called "virus diseases," is the body's means of protecting itself, but it can only operate when we supply the necessary materials and influences which promote health and protection.

In recent years, interferon has been publicized as the bright new hope to fight cancer and "virus diseases." But, although pharmaceutical firms invested millions in synthesizing interferon, the results (as with other magic bullets) have been disappointing and inconclusive.

In 1978, scientists were hailing interferon as a true miracle drug, a century after it was identified. But it has not lived up to its advance billing. Although the price tag for interferon research has hit four hundred million dollars, an FDA spokesman said (May 1983), "There are no real answers yet ... This drug affects a lot of systems in the body and has produced some side effects that include nausea, vomiting, flu-like pains, fevers and chills, confusion and high blood pressure."

Boyd's writings exemplify the medical attitude. Instead of thinking in terms of health improvement, so that the cells can heal themselves, they are seeking a chemical panacea to destroy the virus. Chemicals only make the host more susceptible and less able to deal with toxins in the organism.

1.17 Bacteria and Viruses Are Secondary or Tertiary Factors in Disease

When the body is undergoing a crisis of elimination, virulent bacteria (or viruses) may become involved as secondary or tertiary factors. The use of drugs may produce mutant, more resistant strains. Edwin W. Schultz, M.D., in an article in the *Cyclopedia of Medicine*, states, "It is well established that viruses do undergo variations ... in virulence, in antigenic structure, and in the character of lesions induced ... sometimes of a stable mutation type."

All the newer knowledge about bacteria and viruses substantiate the Hygienic viewpoint: A healthy body will eliminate virulent or threatening influences, making disease unnecessary. Hygienists understand that disease originates inside the body as a result of poor eating and living habits; of physical, mental and emotional practices which subtly and insidiously weaken the organism."

The true role of germs is as scavengers, breaking up and consuming dead and dying cells and other debris. Bacteria perform the same function in the toxic body as they do everywhere in nature.

Viruses, which the medical profession has been incriminating more and more as the cause of so many diseases, are not even living entities in the same sense as bacteria. Bacteria are microorganisms which have the ability to act. A Virus on the other hand, is not a living entity.

The poisonous materials called viruses have no existence apart from a living organism. They are actually the debris of spent cells—the genetic material or nucleic acid (DNA or RNA) from these spent cells. Viruses are in no sense alive, nor do they have any ability to act, but their presence in the body is as toxic as any other retained body waste material, favoring the surfacing and multiplication of bacteria.

Actually, humans live symbiotically with bacteria. We adapt to, and are dependent on, bacterial flora. Health and disease are not antagonistic to each other. Disease does not attack the body, but rather is produced by it as a means of restoring health.

In Lesson No. 66 it was clearly demonstrated that bacteria do not produce disease; that there are no "disease-producing" bacteria, germs, microbes, bacilli or viruses; and that the opposite is the fact. It is the environment—the host—the disease condition—that determines the type of bacteria that proliferate. The germ does not produce the disease. The disease produces the germ by changing nontoxic bacteria into toxic bacteria in a septic environment. This concept is discussed in detail in

Lesson No. 66.

1.18 No Bacteria in Early Stages of a Cold

During the early stages of a cold, the nasal secretions are completely void of bacteria. None are found in the thin watery secretion the first two or three days of the cold. When the thick purulent secretion begins, then pneumococci, staphylococci, or streptococci make their appearance.

Dr. Vetrano says, "Since bacteria are so conspicuously absent at the beginning of a cold, another cause had to be found. The unpopular idea that a person could change his life habits and not develop colds was too preposterous to entertain. The virus saved the day." People don't have to change their ways of life as long as they believe their colds are caused because they "picked up" a very malignant virus.

1.19 Why More Colds Develop in Cold Weather

Colds may develop at any time of the year, but the summer months show fewer colds because most people get more fresh air, sunshine, and exercise, and commonly eat less. As indicated in Lesson 66, the first colds of early winter are not "caught" from someone else with a cold but develop in those most susceptible because of the way they have been living and eating. The added stress of cold temperatures further checks elimination, adds to the general toxemia and enervated condition, and precipitates a crisis.

Leslie Thomson says, "To many people a 'chill' and a 'cold' are almost synonymous. It is an easy error, all the more so because it is not a complete fallacy; rather it is a seriously misplaced emphasis. Many people *do* develop a cold after an unpleasant incident in bad weather, but one should ask a few questions. In most cases the feelings of chill and the development of a cold are only different aspects—or successive stages—of a bodily springcleaning. When the body reaches a state in which retained wastes seriously impede normal vital functioning, the process has been so slow that the individual is only dimly aware of being substandard. Then some circumstance presents his system with an unusual challenge and the tolerance of his vital system is exceeded." There is an inability to keep warm because the normal physical and chemical processes are so retarded that the heart is unable to maintain adequately free circulation. The body must, and does, organize for a thorough cleansing and rejuvenating "crisis"—uncomfortable, to be sure—but necessary—and eminently worthwhile. If no stupid interference occurs, "this wonderfully complex process achieves in a few days a massive ejection of waste and a burning up of combustible rubbish."

1.20 The True Cause of Colds

A summation by Dr. Vetrano is concise and eloquent: "Colds develop and are not 'caught.' Bacteria and viruses have nothing to do with the development of coryza. They may be complicating features or function as saprophytes feeding on the debris. They arrive on the scene when tissues and fluids are abnormal and survive as long as the tissues remains abnormal. They help clean up the debris. Our enervating way of life is the true cause of colds."

2. Influenza

Influenza is essentially a magnified version of a cold. If you continue to permit so many adverse factors in your daily life that a couple of colds each year are inevitable, then a bout of flu every second or third

year may also be unavoidable.

Influenza in itself is no cause for panic. Properly understood, and intelligently handled, influenza is a constructive process. The fear with which so many laymen and doctors regard the flu is due to its violent potential when it is mishandled.

2.1 Consequences of the Treatment

The severity and after-effects of any cold or flu depend upon the treatment. The terrible developments which are ascribed to flu are almost never due to the basic illness. They are the results of the universally-suppressive treatment, the consequences of the drugging.

Dr. James C. Thomson tells about his experiences during the Great Flu Epidemic of 1918: "Reports collected from naturopaths practicing in all parts of the world after the 1918 wave—the most serious in living memory—gave a death rate of under two percent, whilst around them in the same cities, among the same types of people and under almost identical conditions except for the treatment, the death rate was from seven to over thirty percent. In my own practice, I had personal charge of 87 cases. In 86 of these cases, my instructions were faithfully carried out, and in no case was there either death, complication or any lingering sequel. The majority of these patients spent two or three days in bed, felt somewhat shaky in their walking for a further day or two, and, within a week or two, actually felt better than they had before the attack. In the one remaining case my instructions were willfully ignored, and I was forced to discontinue."

2.2 Types of Influenza

Influenza often starts out like a simple cold. Sometimes the first symptoms are vigorous, and arrive without warning,. Suddenly the patient may suffer from fever, nausea, vomiting, severe neuritic pain, severe inflammation, general muscular aching, or other distressing or violent symptoms.

Leslie Thomson (son of Dr. James C. Thomson) describes the four main types of flu. No matter how novel the identifying names given by epidemiologists or immunologists, any particular case consists of either one of these types, or a combination of two or more.

1. *Respiratory*, which starts off with violent, paroxysmal coughing.
2. *Gastro-Intestinal* - nausea, vomiting and abdominal pain are the immediate indications.
3. *Nervous* - headache of unusual severity, often concomitant with pains in neck, chest and upper abdomen. Depression and sleeplessness are common accompaniments.
4. *Febrile* - quite intense fever, sometimes accompanied by disorientation, to the extent of delirium. *In this form, it is imperative that no nourishment whatever be given to the patient until the fever has subsided.*

Leslie Thomson says that how individuals have lived, and the relative strength of the various vital organs—the individual physical makeup and the inherited temperament—are dominant and significant in determining the type and severity of the flu episode. Nobody needs to be "infected" by anyone else to develop flu. Flu is something which originates and is directed within the individual system. "The danger in differential diagnosis lies in the orthodox tendency to apply suitable treatment—i.e., aimed at obstructing or neutralizing the particular activity or discomfort predominating."

2.3 Dealing with Influenza

A couple of days or more of bed rest with nothing taken in except sips of water, is all that is necessary. Plenty of fresh air should be provided, but chilling should be carefully avoided. No attempt should be made to bring down the temperature by prolonged cold bathing, or by applying ice packs, or alcohol, which can be a dangerous interference in the body's processes.

After perhaps forty-eight hours, if the temperature is more or less normal, fresh fruit or small quantities of green salad may be offered. But the patient must continue to rest. There might be a second phase in a few days, during which food should again be withheld or reduced to a minimum. The patient should continue to rest in bed until the fever and shakiness have cleared.

2.4 Vomiting and Diarrhea

If one must vomit, or experience diarrhea, to remove irritants and morbid matter from the body, it is the height of folly to try to block it. The body does not go to the trouble of initiating these modifications in its activities unless they are essential for survival.

Dr. Immerrnan says, "When vomiting and diarrhea occur, it is because there are substances in the digestive tract that the body recognizes as troublesome, and wishes to eliminate. The material may enter the digestive tract via the liver. The liver is the great filter for the blood. It draws waste material from the blood and shunts it into the digestive tract for elimination. Sometimes this material is so toxic that the body will send it 'upstream' where it will only be exposed to three to four feet of tubing (stomach, esophagus), as opposed to going 'downstream' where it will be exposed to thirty feet of tubing (intestines). Once in the stomach, this toxic material will elicit feelings of discomfort and nausea until the stomach violently contracts and ejects the waste. Following this, there is usually a feeling of relief and improved well-being. Diarrhea fundamentally is of the same origin as vomiting. The body recognizes that there is material in the digestive tract and shouldn't be there. In order to more rapidly eliminate this waste, diarrhea will be initiated."

Some waste is directly transferred from the bloodstream through the walls of the intestines into the alimentary canal, and then eliminated via vomiting and diarrhea. Violent diarrhea and vomiting rapidly clear the digestive tract so that it can be temporarily put to rest, and repair, rejuvenation and cleansing are accelerated. To eat while experiencing the flu is sheer insanity.

2.5 Fever

When the body produces fever because of an internal need, why should we panic and seek by heroic means to suppress the fever at all costs? Physicians have prescribed and encouraged the use of antipyretics (fever-reducing drugs) to reduce the temperature as quickly as possible in all cases where the temperature is above the so-called normal temperatures of 98.6 degrees Fahrenheit (37 degrees Celsius). Actually, the medical profession is not universally convinced that fever is altogether harmful. Some medical men have even used fever therapy in an attempt to cure certain diseases.

The human body is delicately balanced and capable of better and safer fever induction than any artificial process of producing fever. Artificially-induced fevers can be dangerous. Artificially reducing fevers interrupts, retards or stops the healing efforts of the body.

The heat of spontaneously-induced fever is produced for the purpose of acceleration of cell activity When the organism perceives that this is necessary. When there is an emergency, the metabolism is accelerated by increasing the amount of heat available. This is controlled by the hypothalamus, which is sort of a human thermostat.

Metabolism consists of the absorption of nutrients and the excretion of wastes. The heat is necessary to accelerate the excretion of wastes which have accumulated beyond the body's ability to tolerate them, and beyond the body's ability to eliminate without some extraordinary modification. Heat acts as a catalyst which causes the toxins to liquefy and pass into the bloodstream, where they are transported to the organs of elimination, and thus out of the body.

Every now and then we hear from the "scientific" community that "fever may be beneficial." An article in the *St. Petersburg Times*, 1/4/83, says; "For more than a century, we've been told to take aspirin to bring down a fever. Now, researchers aren't so sure that's a good idea. Now studies suggest that a

moderate fever should be allowed to run its course because it may shorten the illness. Scientists have figured out that fever mobilizes the body's defenses against infectious organisms, and, in some cases, directly inhibits their growth."

Of course, what the studies "suggest" and what the scientists have "figured out" are not being correlated with what Hygienists have been teaching for the last 150 years.

Kenneth S. Jaffrey, in his booklet, *Fever, Nature's Own Healing Process*, says, "Nobody has ever been harmed when a self-induced fever has been managed rationally."

He quotes Vincent Priessnitz (1829), the discoverer of Nature Cure; R.T. Trall (1862), a Hygienic pioneer; and Henry Lindlahr (1920), another pioneer in the field of natural healing; as having agreed that fever is part of the healing effort, a process of purification to relieve the system of morbid matter and to repair injury to living tissues.

In 1928, Herbert M. Shelton said, "Fever is a necessary increase in body temperature designed to enable the body, or some part or parts of it, to effectively meet and destroy some foe of life that is threatening the body and to repair damages."

In 1930, another noted Hygienist, Hereward Carrington, described the condition of fever as the result of the forcible recharging of the body with energy, as an emergency measure, to assist in freeing the body from its dangerously-diseased condition.

Eugene F. Du Bois, professor of Physiology at Cornell, University, in his monograph on fever, stated that antipyretics were abandoned in the early part of this century (although later their use was revived). Cold-tubbing in typhoid was also abandoned. Du Bois said, "Clinicians began to regard high temperature as helpful. This belief was strengthened by the realization that many pathogenic organisms (germs and viruses) were inhibited or killed at temperatures that could be tolerated by the human body." The metabolism and chemical reactions of the body, including enzyme activity, are accelerated by a rise in temperature, thus enhancing the healing process. When fasting is employed during a fever, the metabolism and healing process are even more dramatically multiplied.

2.6 "Immunization"

Many advocates of so-called "immunization" procedures freely admit the futility of efforts to immunize against influenza. A 1977 report by the United States Department of Health, Education and Welfare says that the fragmented nature of the genetic material of the influenza virus is believed now to account for the agent's unique and puzzling ability to undergo periodic changes which render available vaccines useless. Although we cannot agree with the basic premise expressed therein, the fact remains that the vaccines are admittedly useless. Obviously, the credibility of the whole immunization theory is moot, if the particular problem can never be identified or dealt with in time—in view of the admitted futility of efforts to immunize against influenza. Yet, even after the Swine Flu Fiasco of 1976, flu vaccines are still being recommended and administered by the medical profession.

In Lesson No. 66, I went into great detail about the futility of so-called "immunization." In January 1983 (some time after preparing Lesson No. 66), I heard Robert S. Mendelsohn, M.D., on this subject. He said, "I lost my faith in immunizations around the end of the 1960s. My patients started to come back to me with the damage that I had previously inflicted on them."

Polio disappeared in Europe without a vaccine. Dr. Mendelsohn said that Salk doesn't like the Sabin vaccine, and Sabin doesn't like the Salk vaccine. Dr. Mendelsohn continued, "I think they're both right."

He said there are hundreds of cases in the courts due to damage from whooping cough vaccine. He said, "Pediatricians are telling me that they are not immunizing their own children, but they give it to their patients!"

Dr. Mendelsohn is a practicing pediatrician. His credentials (conventional, medical, etc.) are

unimpeachable. He has been practicing medicine for about thirty years. He has been national director of Project Head Start's Medical Consultation Service, chairman of the medical licensing committee for the state of Illinois, associate professor of preventive medicine and community health in the School of Medicine of the University of Illinois, and the recipient of numerous awards for excellence in medicine and medical instruction.

He is also a medical heretic. He believes that the greatest danger to your health is usually your own doctor. He argues that modern medicine's methods are rarely effective, and in many instances are more dangerous than the diseases they are designed to diagnose and treat. I would recommend that all students of Natural Hygiene read his book, *Confessions of a Medical Heretic*.

In his book, Dr. Mendelsohn says the entire flu shot effort resembles a massive roulette game. He quotes Dr. John Seal, of the National Institute of Allergy and Infectious Disease, as saying, "We have to go on the basis that any and all flu vaccines are capable of causing Guillain-Barre Syndrome."

A study, conducted at the Minneapolis Veterans Administration Medical Center, was published in the November 19, 1981, *New England Journal of Medicine*. Researchers warned that flu shots can cause overreactions to drugs, producing effects similar to "overdoses" of the drugs. The researchers found the influenza vaccine can change human metabolism, hampering the liver's ability to break down and remove drugs from the body, so that the medicines stay in the body longer.

Thus, the potential damage of drugs is multiplied as a result of the influenza vaccine.

2.7 The Paradoxical Conventional Weapons Against Disease

Both of the paradoxical conventional "weapons" against disease have the same result. Injection of noxious material directly into the bloodstream (vaccinations), and the use of drugs to kill the germs which are busily engaged in cleaning up the mess, are not only in opposition to each other, but are also in opposition to the laws of nature, and contrary to common sense.

They are in opposition to each other, because injection of noxious material initiates defensive body action against disease; drugs curtail defensive body action against disease because of the new emergency —the necessity to deal with the drugs. Injection of diseased material into the bloodstream is manifestly in opposition' to the laws of nature, and certainly contrary to common sense.

Both vaccinations and medications not only add more poison to the already overburdened system, they frustrate nature's attempts to help you, and they prolong and intensify your miseries. In addition, they both Have the more insidious quality of increasing your susceptibility and vulnerability to future chronic and degenerative diseases.

2.8 Frighteningly Impressive Case Histories

Leslie Thomson says, "It is not surprising that orthodox doctors have frighteningly impressive case histories to report. Delirium, peritonitis, pneumonia, neurasthenia, chronic depression, lymphatic enlargements, pulmonary degeneration, cardiac disorders, kidney disease, arthritis, middle ear deafness, and degeneration of the spinal cord, are only some of the sequelae blamed upon influenza. To us, it is undeniably logical that the more the doctor fills the patient with unwanted and unusable nutrients, and obstructs various vital processes with medication, the greater the inevitability of tragic complications."

I have heard a dark joke, to the effect that, since the treatment of influenza still baffles the physicians but they can "successfully" treat pneumonia with antibiotics, why not let the flu develop into pneumonia and simplify the problem?

But the "humor" is becoming even grimmer, since newer announcements admit that "in recent years, drug resistant pneumonias, especially among hospital patients, have been on the increase."

2.9 The Swine Flu Fiasco

Even more ironic is an excerpt from a brochure on flu from the U.S. Department of Health, Education and Welfare: "With identification of a new swine-like influenza virus early in 1976, NIAID (National Institute of Allergy and Infectious Diseases) scientists, grantees, and contractors sprang into action. The technique of recombination was applied to hasten the growth of the vaccine virus; and, in the institute's vaccine centers, medical investigators with years of experience became the nucleus of experts needed to evaluate the new swine flu vaccines in record time. Working closely with the Army, the Center for Disease Control, and the Food and Drug Administration's Bureau of Biologies, NIAID supervised a series of tests to determine the proper vaccine dosages that should give good protection with a minimum of adverse reactions."

They talk about "springing into action," "evaluating the new swine flu vaccines in record time," and "determining proper vaccine dosages for good protection with minimum adverse reactions." *Nothing is said about the fiasco that resulted, or the tragic deaths from the vaccine. Nothing is said about the vaccine-induced Guillain-Barre Syndrome*.

2.10 Good Health Is the Only "Immunity"

Hygienists live to have health, not to prevent certain specific diseases. Good health is immunity against influenza and all diseases. Microorganisms only surface when there is a job for them to do—they help to clean up the debris created by atrocious diet and living habits.

3. Other Upper Respiratory Problems

Some other upper respiratory ailments are hay fever, sinusitis, postnasal drip, deviated septum, nasal polyps.

Hay fever is not caused by hay and there is no fever. The nasal portion of the respiratory tract is affected, causing the itching, watering, inflamed eyes; nasal obstructions; runny nose; or paroxysms of sneezing. It is usually triggered by pollens from trees, grasses or weeds, or exposure to molds, dust, fur, feathers, animal dander, or orris root, the base of most cosmetics.

The use of nasal sprays for hay fever or colds is a dangerous habit. It produces a rebound nasal congestion, a vicious cycle that is worse than the original problem.

A contributor to Joe Graedon's column made an excellent suggestion for a way to break the habit. She said that the doctor had told her to quit "cold turkey," but she couldn't sleep because she couldn't breathe at night. Instead, she used the spray on only one nostril. After several days, the untreated nostril unclogged. She then repeated the procedure in the other nostril. She said that breaking the nose spray habit was even harder than quitting smoking.

Sometimes hay fever progresses to a more serious condition called asthma. Asthma is not essentially different, except that the bronchial tubes are affected, resulting in labored breathing, wheezing and coughing, slow respiration, sweating, blueness of skin (cyanosis) and coldness of extremities.

When one or more of the four pairs of air-filled cavities in the skull become affected, the condition is called sinusitis.

Nasal polyps are soft, pendulous outgrowths from lining membranes of the nose. If they are of sufficient

size to cause obstructive symptoms, a prolonged fast will sometimes reduce or eliminate them. Sometimes, surgery is necessary.

Sinus headaches and postnasal drip will usually be relieved by short periods of fasting.

Hay fever, asthma, sinusitis and polyps are often associated with so-called allergies. Chronic sinus inflammation can result in the formation of polyps.

Lesson No. 71 will go into detail about allergies, hay fever, asthma, emphysema and other chronic conditions involving the respiratory tract, the bronchial tubes and the lungs.

Actually, the primary causes of all these problems are the same as the causes of all other pathologies—the faulty living habits that lead to toxemia and disease.

4. The Hygienic Rationale

Dr. Sidhwa eloquently expresses the Hygienic rationale concerning health and disease: "When man does not overstep Nature's limits regarding harmful diet and emotional indulgences; when he does not deplete his nerve energy by late nights, overwork, worry, stress, indulgences or by constant stimulation in the form of chemical, thermal, or physical goads, the balance of the life force is maintained, and, with it, good health. Under such Utopian conditions, it is conceivable that disease would be an impossibility. In other words, living within your means, the individual, under the above circumstances, would be immune to disease."

5. Questions & Answers

Why do people, who eat all the wrong foods and get no exercise still seem to get along well and have very few colds?

> Most likely their bodies have developed such a high tolerance level for morbid material that a weakening of the detoxifying organs has occurred, and these individuals no longer have the vitality to conduct necessary and effective eliminative crises. Some people are blessed with superior genes, and it may take a long time for the body to degenerate into an irreversible condition—but wrong living will eventually produce this outcome, especially if necessary housecleaning does not occur, and the toxins are dammed up in the body.

Why do colds often evolve into more serious illnesses?

> Drugging and feeding produce these sequels to colds. If the individual fasts and rests and takes nothing but water as thirst requires, complications are rare or nonexistent.

What is the best procedure if I fast for a cold (say, two or three days) and the symptoms return when I start eating?

The best action would be to stop eating and go back to bed for another day or two. If not possible or convenient, confine your diet to fruits only for a few days, followed by an all-raw-food diet, until the symptoms disappear (or stay on raw food permanently, if possible).

Is a diagnosis helpful in determining Hygienic means of caring for a patient?

Yes, a diagnosis is helpful, but not absolutely necessary. A correct diagnosis supplies clues to the causes of the problem, but it is of very little influence in the management of the illness, except in quite unusual situations. For instance, in acute appendicitis, no water should be taken until the symptoms disappear, but, of course, this would apply to any acute abdominal discomfort.

Article #1: Coryza, The Common Cold by Virginia Vetrano, B.S., D.C.

Once upon a time there was a beautiful young lady with golden red hair down to her slender waist, and long and shapely legs. Her eyes were a beautiful blue, that scintillated when she laughed. She was lithesome as the fawn in the morning. Her personality sparkled like the cool clear waters of a bubbling spring. There was but one thing that marred the radiant beauty of this lovely young lady. She was continually blowing her nose.

The young lady was well educated. In fact so well "educated" that she could no longer understand the simple things of life. Every new fact or thought had to present itself to her clothed in such heavy scientific garb that anyone trying to comprehend the muss had to peel off layer after layer of nonsense to reach but the core of fallacy. But this type of presentation pleased her. It was scientific, with theory piled upon theory to support a theory, in a long drawn out complicated web of fallacy. It would be highly unbecoming for a woman working on a doctors degree to support or follow any doctrine so simple a child could understand it, even if it would obviate the necessity for rubbing her nose raw blowing all the time.

Let us hope that by the time she receives her doctorate, by wasting so much time with unimportant nonsense such as "proving in what ways mathematically a donut is like a cup," that she will realize that much nonsense passes for science. Let us hope that after so many years of cramming gobbledegook into her head that she will be able to think. Unless she learns that all true sciences always simplify life and thought, instead of complicating them, she is destined to be a snorting horse until some more formidable disease helps her into the henceforth, her life a wasted travesty of education.

We would like to help Miss Nasal Drip but the time is not ripe. She suffers with chronic rhinitis, marked by frequent acute exacerbations, or the common cold. The common cold is an acute rhinitis, or inflammation of the nasal cavities. She suffers with it so often and so long at a time that one can almost say she has a perpetual cold. Her symptoms are typical; rhinorrhea or nasal discharge, nasal obstruction (due to swelling or edema of the mucous membranes of the nasal passages) and sneezing. A disease that may and should abort after twenty-four to forty-eight hours lasts for many weary weeks in this young lady.

In former years Miss Nasal Drip would have said that she "caught" a germ, were it not for the fact that she has learned that the nasal secretions are completely void of bacteria during the early stages of a cold. Many ciliated epithelial cells desquamate and are found in the thin watery secretion the first 2 or 3 days

of the cold, but no bacteria make their appearance until the discharge becomes thick and purulent. When the thick purulent secretion begins then pneumococci, staphylococci, or streptococci arrive upon the scene.

Since bacteria are so conspicuously absent at the beginning of a cold, another cause had to be found. The unpopular idea that a person could change his life habits and not develop colds was too preposterous to entertain. The virus saved the day. Miss Nasal Drip doesn't have to change her way of life as long as she believes she "picked up" a very malignant virus. This time her cold happens to be a very tenacious one, and it is progressing into bronchitis. Her medically-oriented mind attributes this to secondary invaders, not to her continual overeating of starches and sugars.

If all the Miss Nasal Drips in the world could understand that they do not have to develop colds any more than they had to develop measles, chicken pox or any other childhood disease. The simple expedient of refusing to eat at the first sign of a stuffy nose would not only abort colds, but all other acute diseases as well. Since laboratory experiments have demonstrated that in such simple diseases as coryza (common cold) digestion is impaired, it would seem that logic would proscribe eating, when indigestion and decomposition are inevitable.

Since the incipient stages of the childhood diseases (rubella, measles, chickenpox, and whooping-cough) are indistinguishable from the ordinary common cold, if one followed the rule to never eat when he has symptoms of a cold, these and other childhood diseases would never develop. Feeding in a cold, when indigestion is inevitable, insures that putrefactive poisons will be absorbed into the system, where they increase toxemia. Continued eating when there is no power of digestion necessitates a supplementary eliminating crisis to expel the noxious material before vital tissues are harmed. Hence, a common cold may develop into other more serious disease if eating is continued.

Miss Nasal Drip thinks she can't breathe because her nose is obstructed with secretion. She blows all the harder to empty it. Actually in the early stages of her cold, the nasal mucosa is red and swollen due to the inflammatory condition. The choanae (the posterior openings of the nasal cavity into the nasal part of the pharynx) are very narrow. The slightest swelling causes difficult breathing. Also due to the fact that the nasal passages are very narrow interiorly, when the nasal cavities are inflamed, and the membranes are swollen (edematous), Miss Drip's nose feels clogged, even though she empties it every few minutes.

Because of the continuity of mucous membranes, each time Miss Nasal Drip develops a spread to adjoining organs. The nasal cavity communicates with the frontal, ethmoidal, sphenoidal and maxillary sinuses, to which the inflammation may spread. This particular cold of Miss Drip spreads downward to the bronchi, also by way of continuous mucous membranes, and she developed the unpleasant symptom of coughing all night, thus preventing sleep.

Her chest became painful, frightening her, so that she listened to me a slight bit, and stopped eating potatoes swarming in butter one evening for dinner. I couldn't get her to quit drinking milk every morning and noon but she did substitute grapefruit for some of the heavier foods she was eating. On the day she omitted potatoes and butter her symptoms abated markedly and she slept better that night. But the next day with the chest pains gone, she lost her fear and resumed her bad eating habits!

We must be patient, she has a lot to unlearn. Just yesterday, she requested the microscope to analyze the water, because the idea came to her that everytime she visits us she "catches" a cold, so "it's due to bacteria in the water here, to which I am unaccustomed." "You don't 'catch' the cold," she said, "because you are adapted to these bacteria."

Adults generally feel lethargic several days before developing a cold, and may have aches in the limbs or back. Children have a tendency to develop more severe symptoms, with a temperature around 102 degrees F and sometimes higher. They are not hungry generally but are encouraged to eat by their parents, hence the frequent development of more formidable disease in children.

Colds may develop at any time of the year, and do not necessarily develop when a person has been chilled or in a draft. When "epidemics" of colds arise, some extra enervating cause happens to be present

in the lives of the people of the epidemic area. When large masses of people are surveyed, the summer months show fewer colds. Most people get plenty of fresh air, sunshine, and more exercise, which are highly beneficial to digestion and excretion, and commonly eat less during the summer months. Autumn brings less activity, less fresh air and sunshine, and increased eating, so there is an outburst of colds to rid the system of toxic matter. When midwinter comes, around Christmas and New Year's, cold statistics mount again. Toxemia rises to above the toleration point, due to improper living, excessive eating and drinking and late hours. Therefore, more noses start running, more chests begin coughing, and more eyes turn red.

Miss Drip will argue that colds develop in the autumn because of reopening of schools with the massing together of children indoors. How does she explain the development of colds at Christmas vacation when most children are out of school for about 12 to 14 days? As the incubation period for colds is 12 to 48 hours, the germ and virus theory simply does not account for all the facts.

The fact that chilling does not cause colds has been repeatedly demonstrated to physicians who have observed the so-called immunity of travellers in the Arctic and of men compelled to spend many weeks at sea on rafts or in open boats and who never 'caught' cold. This leads the research workers to believe that "in the absence of the virus no amount of chilling can cause a cold." Since viruses are ubiquitous, it cannot be said that there were no viruses present. They are everywhere. Was it too cold or too hot for the activity of viruses under those conditions? Or was it, that there was a scarcity of food, hence, the men couldn't eat their way into a cold?

We are taught that a number of viruses, or a number of strains, cause the common cold. This should lead us to refine the diagnosis still more, to cold type a, type b, type c, etc. The old theory was that there is a specific cause for each specific disease if we could find it. Not so with colds. A number of viruses are said to be guilty. Those infected may be re-infected with the same virus within three weeks after recovery. The so-called immunity is short-lived. Colds cannot be induced experimentally in most animals.

In 1914, the virus theory of the etiology of colds was introduced by Druse, who it was said repeatedly demonstrated that "filterable agents in throat washings obtained from adult patients with acute coryza were capable of producing colds when introduced into anthropoid apes or susceptible human volunteers."

Volunteers, we are told, developed colds when infected by filtrates of nose and throat washings from those who had colds. A poison, a virus is a poison, or any foreign agent, in contact with the nasal mucous membranes, occasions inflammation, rhinorrhea (running of the nose) redness and swelling, and fever in children. An example of which you can perform yourself, is to run a match stick up into the nostril. The nose will begin to run, sneezing will commence, and if kept there longer inflammation will develop to rid the body of the foreign agent.

Another example is the true story of a child who at three years of age repeatedly developed a high fever, and a cold—one right after the other. Her mother took her to a physician each time the cold developed, and the symptoms were quashed by penicillin injections. Two or three days after the supressive effects of the drug wore off, the cold, high fever and running nose would redevelop. This worried the mother, so she continued taking her child to the pediatrician for more shots. Finally old mother nature won. Despite the continued suppression which interrupted her work, she kept initiating elimination processes until one day, as the child was feverish and nose running still more, the child began picking at her nose in the presence of her mother. To the mother's surprise, a much frayed, and bloody piece of kleenex was pulled out. This was the occasion for the inflammation, fever and runny nose. The three-year-old had undoubtedly pushed the kleenex up her nose at some time in the past and it remained there until the body excreted it. The human organism just doesn't like foreign things in the vital domain, and stubbornly keeps working until it rids itself of them. The child's fever subsided and did not recur.

When viruses are injected to cause colds in "susceptible" invidividuals, it must be remembered that only certain individuals develop symptoms of coryza, and that the great numbers of viruses present are

treated as foreign agents and expelled by the only method the nose knows—inflammation and sneezing.

So many viruses have been incriminated as causes of colds that research workers are really very puzzled. After a long discussion of the causative agents of colds, they conclude: "From the foregoing it may be concluded that there is no single viral agent to be incriminated in adult colds and that a variety of agents which produce fairly severe disease in non-immune infants may also occasionally cause coryza in adults."

From the foregoing, it appears, that any virus or bacteria that is present when a cold develops is the guilty party. It is stated in Cecil and Loeb's *Textbook of Medicine* that, "It cannot be said with absolute certainty that under certain conditions the common respiratory pathogenic bacteria do not initiate colds, although the evidence is against this possibility." Paul and Freese who conducted studies in isolated communities in Spitzbergen, implied that, in the absence of the virus, colds "almost wholly disappear. "He is saying colds almost disappear in the absence of viruses, but they don't actually do so because some colds still exist; these he attributes to bacterial infection as follows: It is then presumed that "the residuum of sporadic, noncommunicable colds may be due to bacterial infection." What sophistry! The colds are gone, and they are still there! The remaining colds are of bacterial origin; but are noncommunicable.

Clinical investigators are still puzzled over the role that bacterial inhabitants of the nasopharynx play in the development of colds. Most of the "basal flora" of the upper respiratory tract, they think, consists of nonpathogenic and inconsequential agents. But since such agents that are thought to be true pathogens are often found in the throat washing of patients with colds this leads them to wonder if they do not play some sort of role in the disease known as coryza, or the common cold. "On the other hand," they reason, "hemolytic streptococci, pneumococci, and hemophilus influenzae are recovered in considerable numbers from a patient with a cold, it is tempting to assume that they are playing a role of some sort."

Were Miss Nasal Drip a diligent student she would see how confused and frustrated the laboratory men really are. One time a bacteria is a proved pathogen and yet the next time it doesn't cause symptoms. With only the germ theory from which to reason, no wonder the confusion. The confusion itself would lead intelligent men to start searching in another direction, were they not so deeply rutted in the germ theory. The surmizing continues: "On the other hand, any of these organisms (Group A hemolytic streptococci and h. influenza) may appear in the normal nasopharynx without causing symptoms, and the mere recovery of one of them from a case of coryza may be of little significance. Most authors tend to designate them as 'secondary invaders,' assuming that the cold virus paves the way for their entry into the mucous membranes."

To further befuddle the physicians, when they give antibiotics to kill the germ invaders, it doesn't shorten the course of the disease one bit. Yale Kneeland, Jr. in Cecil and Loeb's Textbook of Medicine states, "Yet when effective antibacterial agents have been used in large-scale controlled experiments on adults with colds, there is little evidence that suppression of the bacterial component alters the average duration of the disease."

Let us review what the physicians are admitting. First, it is not known exactly which virus 'causes' colds. Indeed, it may be numerous ones. Chilling doesn't cause colds in the absence of the virus, yet viruses are ubiquitous. If the virus is sprayed into throats, it causes inflammation in "susceptible" hosts only. The disease doesn't run the same course as it does in those individuals who really develop a cold and whose tissues are not made irritable by foreign agents. So-called respiratory pathogenic bacteria are present in the throat washings of people who never develop symptoms of disease. They are present in some who have colds, but killing them doesn't shorten the period of sickness of the individual. What a mish-mash of contradictions upon which to base a practice.

Yale Kneeland, Jr. sums up the medical viewpoint in the following manner: "It can be stated that the common cold is due to one or more filterable viruses and that only in highly susceptible persons is there an 'etiologic complex,' i.e., a bacterium acting in concert with a virus. The bacterial effect may be either the general intensification of symptoms already referred to or a clear-cut complication, such as purulent

sinusitis or otitis."

How much simpler if physicians' befuddled brains could be washed clean of viruses and bacteria or if they could recognize the beneficial effects of bacteria. How lucid would their day be when they would know the truth. Colds develop and are not "caught." Bacteria and viruses have nothing to do with the development of coryza. They may be complicating features or function as saphrophytes feeding on the debris. They arrive on the scene when tissues and fluids are abnormal and survive as long as the tissues remain abnormal. They help clean up the debris. Our enervating way of life is the true cause of colds.

Let us look at the life of Miss Nasal Drip. She is a heavy milk drinker. Never does a day pass that she doesn't drink at least six or more glasses of milk. She is an "early" sleeper, never going to bed before 3 a.m. She overeats on starches, shunning all salads and taking very few fresh fruits. She avoids the sun because it makes her freckle. In general, she leads a very enervating life. When toxemia mounts to above her established tolerance level, which it does quite often, then her nose, like a steam valve, lets out the excess. As she never ceases her heavy starch eating even while she has a cold, but seems to eat even more, sometimes taking as many as eight small red potatoes at a time, and gulping more milk to "soothe" her irritated throat, her colds last anywhere from three to four weeks. They run on and on because cause persists. The fact that her symptoms abated markedly when she ate less food did not teach her anything. Germs and viruses have her complete attention.

When we can control the eating of anyone developing a cold—either get them to cut down or to take only water for a few days—and the symptoms of coryza invariably subside, are we to believe that this invariable phenomenon of nature is due to the whim of a virus? Or, can we safely assume that when you rid the body of the cause, the effect will cease? When favorable results invariably occur, can we not say that we have a truth, or a law of nature? Or, must we continue to bury our heads in the sand and refuse to see the truth because it is not in accord with "scientific" thought?

Shelton, eloquently, gives us the cause of colds: "Toxemia from enervation and excess is the cause of local inflammations. Any enervating influence, any influence that lowers nerve energy, will inhibit elimination and produce toxemia. For this reason, worry or overwork, jealousy or lack of rest and sleep, apprehension or excesses, may help to produce rhinitis.

"Excessive food intake is one of the basic causes of toxemia and its effects. Excesses of starches, sugars, fats and milk are especially likely to result in rhinitis and similar supplementary eliminating processes. Indigestion, whether from food excess, wrong combinations of food, eating when fatigued, eating when worried or under other emotional strain, or eating under other physical, emotional and physiological conditions that inhibit digestion, will produce toxemia."

It is often difficult for people to realize that from their first cold in infancy their tissues and fluids have been saturated with an excessive amount of metabolic wastes. Their way of life prepares their body for a long list of diseases that grow out of an established toxemia. A cold does not eliminate all the toxemia, it only brings it down to a level at which the body has become adapted to functioning.

To make this Hygienic knowledge more clear, let us designate the normal amount of waste products in the body of the nontoxic healthy baby as 1. As the baby grows and is fed improperly, and gets too little sleep and rest, is overclothed, isn't permitted to play in the sun, he becomes toxemic. When toxic material mounts to 1 1/4, the baby develops a cold to eliminate this excess waste material.

As time goes on and enervating habits continue, the baby learns to tolerate more and more toxins in the system. His established toxemia mounts to 2, and he develops a cold only when it rises above 2, then a crisis brings this back to 2, his new toleration point. As he grows older his toleration point continues to mount. He develops fewer and fewer colds and fevers but is paving the way for the development of degenerative diseases. Unfortunately for him, his bad habits of living have forced his system to learn to live with poisons, and only when toxic material rises above his toleration point will he develop a cold. This reduces toxemia to the toleration point or slightly below but doesn't eliminate it completely.

Hence the waste products remain to impair and damage structures. Only by fasting and changing the

way of life can the toleration point be returned to its pristine low.

We should not fear colds in the sense that we fear to sit in a draft, or fear to go swimming, or get our feet wet, lest we "catch" cold, but we should not take the fact that we develop frequent colds too lightly. Once we have an established "toleration" for excess toxic material in the system we are paving the road for the development of more serious forms of disease, unless we change our mode of life radically. An excess of waste material produces pathology, even though it is tolerated. Such waste material causes changes in and about vital organs which are away from the ideal and decidedly detrimental to the welfare of the organism. Toleration is passive resistance. The tissues are forced to live in a state of constant toxic saturation and must resist this in the fashion that tissues do. Hardening of tissues develops and other pathologies which lower the level of health of the individual, eventually leading to disease and death.

Under the present system of medical care, cause is not understood, hence the treatment is directed at palliating symptoms, instead of eliminating cause and supplying the body with the conditions of health.

Fasting must be instituted immediately upon the first symptoms of a cold and should proceed much further than the time it takes for the symptoms to subside. In this manner the tissues will be washed sweet and clean and the long-established toxemia will be eliminated, thus raising the standard of health of the individual. Dr. Shelton states: "We should not be satisfied with a mere disappearance of symptoms. Nothing short of a complete elimination of accumulated toxins, full restoration of nerve energy and a thoroughgoing correction of the mode of living should satisfy the intelligent. This will result in genuine health."

Medical treatment is admittedly suppressive and leads to immediate complications. It lowers the body's functioning powers, causing the retention and toleration of more and more toxic wastes. Kneeland, admits that "Up to the present no specific agent has been developed which is effective against the viruses of the common cold. In consequence, therapy is directed at general management, relief of symptoms and the control of complications."

Under medical care, complications are so common that they are expected. The suppressive treatment is a direct cause of these complications. About ten years ago anti-histimenic drugs were introduced and it was claimed that if used early enough, the disease could be aborted. Kneeland states of these drugs: "Subsequent carefully controlled studies have quite failed to substantiate the original claims.

Fortunately these drugs, in the dosages employed, have been singularly innocuous as far as untoward side effects are concerned. Nevertheless, they are not recommended unless there is an allergic element present."

The fact that they are no longer recommended "unless there is an allergic element present" indicates these drugs were not completely harmless. For symptomatic relief, acetylsalicylic acid (aspirin) is used for the very young. In adults, when the cough is troublesome, codeine is added and administered in the form of a cough mixture or in the form of the traditional "grippe capsule" which contains "codeine sulfate, acetylsalicylic acid, phenacetin, and caffeine citrate." Not one of these substances helps eliminate cause. All are directed at suppressing symptoms, and therefore impair and impede the body's efforts at cleansing itself. With such suppressive treatment of colds, is there any wonder that complications such as laryngitis, tracheitis, tracheobronchitis, sinusitis, or otitis media regularly occur?

Hygiene is so much more simple, direct and effective that it is a wonder that people still run to the physician for his bag of poisons, which only increase suffering and disease. When the living habits of the individual arc corrected, he ceases to develop colds. If one feels out of sorts, and thinks a cold may be developing the thing to do is to institute a fast immediately. He should secure more rest, and reassess his way of life. He should try to conform more to the laws of life. In doing this, he is eliminating cause, not suppressing symptoms. By eliminating cause, he obviates the necessity for future colds, and future development of more formidable diseases.

It is hoped that Miss Nasal Drip will see the fallacy of the germ theory and change her mode of living so

that she will not be a T.B., asthmatic, or cancer statistic in the future.

Article #2: What To Do In a Cold by Dr. Herbert M. Shelton

"A cold is simply an effort of the system to relieve itself of its accumulated waste panicles, said accumulation resulting from overeating or inefficient breathing, or breathing of foul air ... "The foregoing words are quoted from an article by Dr. Robert Walter, which appeared in *The Science of Health* in August 1873, and well sums up the Hygienic theory of the nature of a cold and of its cause. We regard the cold as a remedial effort made necessary by a toxic state of the body. It is not surprising, in view of this, that there is no drug known that will "cure" a cold.

The U.S. Public Health Service says that nearly every person in the United States "catches" at least one cold a year, but that the average is about three colds a year. It says that in January and February some sixty million people in America have colds. The cold is the most common of all the diseases with which man suffers. It is said to disable people in this country to such an extent that two billion working days a year are lost. They are said to cost industry five billion dollars annually in lost production, wages and medical expenses.

The Public Health Service says that there is no known drug that will "cure" a cold. So determined are miseducated people to take drugs that they spend over a quarter of a billion dollars each year for cold and cough "remedies." The so-called wonder drugs—the antibiotics and sulfas—are said by the American Medical Association to have no effect on the "cold virus." It is stated that "most remedies do little more than subtract from the pocket book." Drugs that are called pain killers are said to relieve some of the aches and pains, but "do nothing for the cold."

The U.S. Public Health Service says that the best thing the cold sufferer can do is to stay at home, take a hot bath, go to bed, eat a balanced diet and wait for the body to do the rest. This is not good advice, as we will make clear in this article.

Here is a relatively mild disease that is more prevalent than any other disease with which man suffers, and one with which he has suffered throughout history. Millions of dollars have been spent in research trying to find the cause of colds and a remedy for them. Uncounted thousands of cures for colds have been discovered, given a thorough test and discarded. Today, *medical science*, about which we hear so much boasting, stands empty handed and helpless before the cold and can offer the cold sufferer nothing more than a balanced diet.

The advice of the Public Health Service contains the admission that recovery from a cold is the work of the body itself, unaided by so-called remedies. Whatever may be the nature of the cold, and whatever may be its cause, the sufferer must depend upon his own resources for his recovery. So-called medical science can offer him nothing more more than questionable palliation of some of the more annoying symptoms. Palliation is always directed at symptoms and in all cases represents the suppression of symptoms. Palliation is never an attempt to remove the causes of suffering.

For a long time efforts have been made to find a serum or a vaccine that will "immunize" the recipient against colds. Numerous such vaccines and serums have been found and have been tried and, although much money has been made from the administration of such serums and vaccines, they have one and all failed to produce immunity to colds. Often, indeed, those who have been inoculated have suffered more with colds than the uninoculated. It may seem strange to my readers that a relatively mild disease should

so long and so persistently defy the efforts of the men of "science," while more formidable and less common diseases yield so readily to their vaccines and serums, to their "wonder" drugs, and to their other efforts. The men of "science" have tried to prove that they can protect us against the crunch of a tiger, but are helpless in protecting us against the bite of a house cat.

Colds are preventable; but before we can learn to prevent them, we have to learn their causes. So long as it is assumed that germs and viruses are the causes of colds, and so long as our efforts at prevention are directed at these microscopic and submicroscopic beings, the cold will not be prevented. So long as we hug the old delusion that a cold is something that we "catch" or that "catches" us, and against which we have to defend ourselves by the employment of some anti-vital and unphysiological substance, whether taken by mouth or by injection, just so long will our efforts at prevention prove futile.

The Hygienic conception of the cause of colds is that these remedial efforts are made necessary by the accumulation in the blood, lymph and tissues of unexcreted metabolic waste and by the absorption from the digestive tract of toxic products of indigestion. The ultimate cause of the cold, therefore, consists of those habits of living and eating that reduce digestive power and check excretion. In a sentence, a cold is due to a way of life that produces enervation, thus checking secretion and excretion and permitting the fouling of 'he internal environment. To use a new phrase, we may call this fouling of the internal environment a physiological smog.

When the toxemic saturation resulting from inhibited excretion and the absorption of toxic materials from the digestive tract reaches a certain intolerable state, the body initiates a process of supplementary elimination, requisitioning the mucous membrane of the nose and throat to do vicarious duty in freeing itself of the accumulated waste. The cold lasts a few hours to several days, depending on the time required to excrete the toxic debris. Due to the fact that the cold is a remedial process the sufferer recovers health in almost every instance and this enables him to credit his recovery to the aspirin he took, to the whiskey he drank, to the quinine he dosed himself with, to the hot foot bath, or to whatever else he did as a "cure." In point of fact, the Public Health Service correctly describes what occurs when it advises the cold sufferer to wait for the body to do the rest.

Aspirin is perhaps the most widely-used drug today for palliating the discomforts of a cold. *Medical News* for November 4, 1966, carried the following statement: "Salicylates (aspirin), phenylbutazone and oral cortisone drugs can cause local erosions of the gastric mucose by direct contact with the tablet, Dr. M. S. Israel told *Medical News* after the Erasmus Wilson Demonstration at the Royal College of Surgeons of England." For a number of years now it has been admitted that aspirin causes bleeding from the stomach; this discovery that the contact of aspirin with the mucous membrane lining the stomach causes an erosion of this membrane explains why the bleeding occurs. It just does not make sense for a man suffering with a cold to dose himself with a drug that produces such damaging effects, along with many other damages. Certainly, he should be better off if cared for by helpful means rather than by means that are productive of damage. It is certain that the depressing effect of aspirin prolongs the cold.

The duration of a cold may be shortened by means that increase toxic elimination through the regular channels of excretion. These means will also decrease the headache, fever, soreness of the throat, huskiness of the voice, sneezing, running of the nose, watering of the eyes, etc., that constitute symptoms of a cold. The best means of promoting elimination is to go to bed in a well-ventilated room, keep warm, and take nothing into the stomach except water and this only as thirst demands. Fasting and rest will not only make the cold sufferer more comfortable and reduce the likelihood of complications, but they will definitely shorten the duration of the cold and do all of this without the production of unwanted side effects. The advice of the Public Health Service to eat a balanced diet completely ignores the lack of physiological demand for food and the absence of the physiological conditions necessary to the efficient digestion of food. Drugging and feeding are the chief causes of complications in colds and the chief reasons that colds frequently evolve into more serious diseases.

Article #3: Influenza

The *San Antonio Express*, December 30, 1959, carried the story that the number of cases of influenza in the city had reached near-epidemic proportions. "The old flu bug, and kindred respiratory and intestinal diseases, have reached near epidemic proportions in San Antonio," are the words of the news item. It adds that a check showed that "patients seeking treatment for virus influenza, pneumonia and similar disorders are crowding hospitals to capacity and swelling the emergency load to record highs."

There is nothing unusual about the great increase in colds, so-called "flu," which is a severe cold, pneumonia and intestinal diseases following upon the heels of the gluttony and the indigestible combinations of the holiday season. What is unusual is the public admission that the standby of the medical profession as a preventive of such suffering is a flop. The news account says that William Foster, administrator of the Bexar County Hospital District, said: "13 of the hospital's 259 employees, including the supervisor of the emergency room and the supervisor of surgery, were downed by the flu despite the fact immunization shots were given against the disease."

The city's largest hospital reported a "high incidence of respiratory and intestinal flu cases from Christmas day on." The hospital physicians stated "flatly," that the situation is "abnormal" and is "approaching an epidemic." From fifty to eighty percent of the patients admitted to this hospital were "flu sufferers." More youngsters than adults were ill. Foster reported that of 182 patients with upper respiratory affections 117 were children.

Physicians offered some free advice through the press about how to prevent the "flu" and how to care for yourself, should their preventive advice come too late. It is the usual hackneyed and ineffective advice, such as avoiding contact with "flu" cases, avoiding overexposure to cold, drink plenty of water and guzzle fruit juice—they did not even bother to advise fresh rather than canned fruit juice. Of course, they agreed that while "immunization shots" are not 100 percent preventive, they "are effective."

There was but one sane statement in all that they said, so far as this appeared in the press. "Intestinal flu, the doctors say, comes from overeating and overcelebrating, with a subsequent loss of rest. It is especially prevalent during the holidays." This is old stuff to Hygienists. For lo! These many years we have been telling people that epidemics follow feasting and revelry.

Reread this statement by the San Antonio physicians and then read again, the following paragraph from the December 1959 issue of the *Hygienic Review* where I say: "It is unfortunate that our seasons of good will and festivities are always seasons of overeating (commonly also of drinking), so that they are followed almost inevitably by colds, coughs, 'flu,' and more severe illness. Beginning with the orgy of Thanksgiving, extending through the revelry of Christmas and ending with the bacchanalia of New Year's, our periods of festivity not only result in hundreds of deaths and much mayhem on the highways, but in more suffering and death from indulgence and excess. More bronchitis follows such indulgences than ever follows exposure. Those who are more moderate in indulgence, those who are least enervated and least toxemic escape the evolution of crises at these times, but often, they escape by the 'skin of their teeth.' "

More children than adults are suffering with "flu" in this near epidemic, not because the adults behave themselves very well, but because they have built less toleration. Candies and cookies and soft drinks make up a great part of the burden they impose upon their digestive tracts and their eliminating organs. With the adults, they go to the dining table and gorge themselves on turkey and dressing, on cranberry sauce and plum pudding or mince meat pie. The amount of putrescence thus generated in the digestive tracts of these youngsters would kill a jungle tiger. It is ridiculous to talk of germs and viruses in the presence of so much poisoning.

No digestive tract known to man is capable of efficiently digesting the food mixtures eaten by children and adults alike in our periods of celebration. It is just possible, as was suggested by Tilden, that the

adults save themselves to some extent by their drinking habits. Alcohol inhibits bacterial activity, hence their wine, beer and whiskey prevents more or less decomposition of the indigestible mixtures they swallow at these times.

Late hours, revelry, noise-making, excitement, visits away from home, lack of sleep—these enervating influences inhibit secretion and check excretion. Add the resulting toxemia to the putrescent poisoning from the overloaded digestive tract and you have enough poisoning to produce any so-called disease to which the individual may be diathetically disposed. A people who celebrate the birth of their Savior by getting drunk, making a lot of noise and eating like hogs must expect to pay for their folly, even though they do their celebrating "in a good cause."

To inundate the intestinal putrescence evolved out of such gross eating and out of so much added enervation with large quantities of water and to swill great quantities of fruit juice, these commonly canned and sweetened, is but to add insult to injury.

The physicians advise: "Stay in bed until the disease has run its course. In cases of upper respiratory flu, the sufferer tends to become tired but apparently recovers after a short rest. Arising too soon, he is subject to a serious relapse which makes it easy to go into pneumonia." Rest in bed is vitally important in these cases, but if this is coupled with the water drinking and fruit juice guzzling that is advised, there will be more likelihood of pneumonia evolving out of the putrescence than if a rational plan of care is adopted. Indeed, one may be practically certain that no pneumonia will evolve if he forgets the advice to "drink plenty of water and fruit juice" and will take no food of any kind and will drink only according to the dictates of thirst.

One does not have to come in contact with other cases of "flu" in order to evolve the symptom complex that is labeled influenza when the intestinal tract is a seething mass of putrescence. Nor will avoiding such contact prevent "flu" when the subdiaphragmatic cesspool is filled to overflowing. Colds, pneumonia, intestinal "diseases" and other symptom-complexes are as inevitable under these conditions of acute and chronic poisoning as the explosion of a boiler when the safety valve is stopped down.

How absurd to talk of preventing the evolution of these and similar symptom-complexes in the face of so much poisoning, by the irrational process of shooting more rubbish into the body! Vaccines and serums are efforts to prevent causes from producing their natural effects. They mean that you can be poisoned and not be poisoned. "Immunization" is like trying to prevent drunkenness in the man who drinks. I am reminded, at this point, of the famous serum I invented thirty years ago that I called blisterine. After three inoculations with this serum, a man could sit upon a red hot stove or pass through a firey furnace and not even get hot. He would not burn for he was *immunized*. I was unable to find a manufacturer for my serum, as it was thought that such a serum would put the firefighters out of business.

When we have learned that we are builders of our own miseries, are architects of our own pathologies and makers of our own "diseases," we will be prepared to live sensibly, even during periods of celebration. I enjoyed my oranges on Christmas day and developed no cold or "flu" being out in the cold with only enough clothes on to keep out of jail. More than forty years of going with so little clothes that all of my friends have predicted that I will die of pneumonia (several of them have) and developing no trouble as a consequence has convinced me that "over-exposure to cold" is a minor factor in the evolution of any symptom-complex, unless it is frostbite. I have seen as many as four generations of the same family who suffered with frostbite and am sure that any good geneticist will agree that this was due to a *mutation*.